

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	82		10-12-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LS	1089	10/1/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	10/1/01
2	✓	✓	10/1/01
3	✓	✓	10/1/01
4	✓	✓	10/1/01
5	✓	✓	10/1/01
6	✓	✓	10/1/01
7	✓	✓	10/1/01
8	✓	✓	10/1/01
9	✓	✓	10/1/01
10	✓	✓	10/1/01
11	✓	✓	10/1/01
12	✓	✓	10/1/01
13	✓	✓	10/1/01
14	✓	✓	10/1/01
15	✓	✓	10/1/01
16	✓	✓	10/1/01
17	✓	✓	10/1/01
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28	✓	✓	10/1/01
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44	✓	✓	10/1/01
45	✓	✓	10/1/01
46	✓	✓	10/1/01
47	✓	✓	10/1/01
48	✓	✓	10/1/01
49	✓	✓	10/1/01
50	✓	✓	10/1/01

Claim	Final	Original	Date
51	✓	✓	10/1/01
52	✓	✓	10/1/01
53	✓	✓	10/1/01
54	✓	✓	10/1/01
55	✓	✓	10/1/01
56	✓	✓	10/1/01
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65	✓	✓	10/1/01
66	✓	✓	10/1/01
67	✓	✓	10/1/01
68	✓	✓	10/1/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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